

## **BUREAU OF HEALTH Environmental Health Services**

Community and Economic Development 610.437.7759 Fax 610.439.5946

## **Beekeeping Registration Certificate Application**

1.	Name	4. A	ddress where bees are kept:
2.	Address		
3.	Daytime Phone Number	5. S	quare footage of lot in (4) above:
		6. N	umber of colonies
7.	Are domestic bees (Apis mellifera)	kept in these col	onies?
8.			property line, public street, sidewalk nce or hedge at least six (6) feet
		nd extending at l	east fifteen (15) feet beyond the hive
9.	in height, parallel to the property, a	nd extending at l	• ,
9. 10.	in height, parallel to the property, a in both directions?	nd extending at le	east fifteen (15) feet beyond the hive
	in height, parallel to the property, a in both directions?  Is a water source provided on the l	nd extending at lectory ot at all times? ance with establis	east fifteen (15) feet beyond the hive
10. 11.	in height, parallel to the property, a in both directions?  Is a water source provided on the I  Are all apiaries operated in accordance.	nd extending at le 	east fifteen (15) feet beyond the hive

